

## **Baird Apologizes for Recent Remarks, Schedules Five Town Halls, Urges More Civil Discussion on All Sides**

I would like to have a discussion about health care and other issues facing our nation and am scheduling a series of town halls for that purpose. First, however, I have to address a couple of other things.

Recently there have been some unfortunate actions around our country and in response I made statements which were not productive and I regret.

I have always placed a high value on town hall meetings and free speech. That is why I've held more than three hundred town halls since coming to office, more than almost any other member of Congress I know. Some of those meetings have been pretty raucous and people have often disagreed strongly. That is part of a healthy democratic process and, as long as people are safe and there is a real chance for dialogue and discussion, it is good for the country.

As members of Congress prepared to return to their districts for the August work period, I asked the House leadership to delay a vote on health care reform so we could discuss it with our constituents. In fact, I stated that if we did not have time to do so, I would vote "No" on the legislation on that principal alone if necessary. At my request, the Democratic caucus held an unprecedented five hour long briefing to go over the legislation section by section just to make sure everyone had a chance to understand it before going home to their districts.

Previously, I have introduced legislation (H.Res. 554) to insist that members of Congress and the public have more time to read legislation before votes are taken. Just as few other members have held more town halls, it is fair to say that no other member of Congress has worked harder or more consistently on this issue of reading legislation than I have.

In our district I have already scheduled a series of meetings with specialists – hospitals, doctors, insurers, small business owners and others, to go over specific details of the bill and make sure we could discuss the pros and cons. Contrary to some reports, at no point did we "cancel" in person town halls. All along I had planned telephone town halls for August simply because in prior years some of our in-person town halls had only a handful of people in attendance. By comparison, telephone town halls have allowed us to reach more than four thousand people at one time with questions asked and comments received from across the political spectrum. A recording of our recent town hall on August 7th, which had nearly five thousand people on line at one time, is available on my web site.

Those were our original plans. As the recess began, members of Congress began to find that their in person town halls were being disrupted to such an extent that it was not productive or possible for them to continue. People were shouting each other down, chanting so loudly that nothing could be heard and refusing to allow answers be given to

questions. Some members of Congress had to be escorted by police when they left meetings and some of those responsible for the disruptions boasted that it was as if the Representative had been “tarred and feathered” and that was “beautiful”.

At the same time, certain web sites, blogs and talk shows were urging this practice and giving specific advice about how to be disruptive. These sites specifically advised people to not let a real discussion happen, to intimidate early, to shout and sit down so someone else could shout again. At several town halls there were signs that went beyond protest to threatening, such as a tombstone with the member of Congress’s name and the word “traitor” on it, plus a member of Congress hung in effigy. Other colleagues reported receiving death threats in their Congressional offices.

When asked by a member of the press if I had planned any town halls, I said no I had not and explained our initial strategy. Then I added that considering what we were seeing across the country, I was not sure how we could hold a constructive meeting that would be safe and informative for people who wanted to attend and have a real discussion. A local newspaper editor then contacted me just after I had read some of the web sites giving specific instruction in how to block meetings and intimidate people. A few minutes before the call, I had also just learned of another potential death threat to a friend and colleague. I was, frankly, upset by such threats and these tactics that were making it impossible to have constructive discussions.

In the heat of the moment, I compared the threats and disruptive tactics to “brown shirt” tactics and a “lynch mob” atmosphere. At no point, did I compare opponents of health care reform to “Nazis,” certainly I do not believe that to be the case. Nevertheless, my words were unfortunate and I regret them. I understand how people who have legitimate concerns about health care or other policies came to feel that I was speaking about them personally rather than about the specific tactics and rhetoric of a few. I also appreciate that any reference to “brown shirts” or “Timothy McVeigh,” on either side, left or right, is itself inflammatory and counterproductive. Again, I regret that and apologize for it.

As I say this and acknowledge my own mistake, I hope others will consider their words and actions. Some have compared President Obama and Speaker Pelosi to “Adolf Hitler” and described the health care reforms as “Hitler like” policy. A Republican colleague from the House was recently recorded as saying that Democrats are practically getting lynched at their town halls. In response, the crowd cheered and shouted their enthusiastic approval. My own office has received death threats and my staff have been bombarded with some of the most vicious and abusive calls and faxes you can imagine.

That is the climate we seem to be in and it is unfortunate regardless of whether it comes from the left, right, center, myself, talk show hosts, bloggers or anywhere else. Civil discourse is fundamental to our Republic, but the word civil matters. In using such derogatory and inflammatory references, I violated that principal myself and I will do my best to avoid that in the future. My hope would be that just as I have had occasion to reconsider some of my own words, others will do the same and we can work together on all sides to restore civil dialogue and accurate discussion of facts.

## **What About Health Care?**

I have not decided how I will vote on the health care reform bill. This is in part because there is not yet a final bill so it would be premature to pledge either support or opposition to a final product that does not yet exist. What has been proposed has a number of merits but there are also legitimate questions. In fact, I had sincerely hoped, and still do, that discussions during August will help everyone learn about how the bill as it stands now would affect the people and health care in our district.

Speaking personally, there are few issues in Congress I have spent more time on than health care. I am one of only about a dozen or so members of Congress who have actually provided health care services themselves. In fact, for twenty three years I worked as a clinical psychologist in settings including VA hospitals and clinics, brain injury rehabilitation centers and hospital cancer units. I have worked in government run health facilities and private practice, I have worked with private health care insurance and Medicare and Medicaid. I have also held the hands of people who died because they had no insurance and delayed needed treatment until it was too late.

In Congress, I was the lead Democratic co-sponsor of the House version of Senator Ron Wyden's Healthy Americans Act. I have co-sponsored legislation to allow Association Health Care Plans, I was part of a core group working to pass mental health parity, and I spent nearly two years studying and drafting comprehensive compromise medical liability reform legislation, something that I believe should be included in any health care reform. Relating to this work, I have held a number of public forums and town halls in the past specifically focused on health care. Those prior meetings were very instructive and informative and had a real influence on how I have approached the issue and on the legislation I have introduced and votes I have taken.

With regard to the current legislation, I have read the bill as initially introduced from front to back, all 1017 pages of it. I am working on determining how amendments passed in three committees have changed that initial draft and what their effect would be. During this break, I hope to hear the opinions from experts and the general public. I hope, to the best of my ability, to answer questions about what the bill actually does, does not do, and to dispel some of the inaccuracies that have circulated and are simply not true.

## **Town Hall Schedule and Format**

In response to requests from constituents, I have adjusted our plans to now include five in person town halls during the remainder of the August recess. These will be in addition to the already planned telephone town halls and focused meetings with health care professionals.

In arranging these town halls, we will do our best to identify larger locations that will hold substantial numbers of people. At the request and recommendation of a constituent,

we will structure the town halls in a way that will give a real chance for people from many different perspectives to be heard. Specifically, we will ask that those who would wish to speak or ask questions write their name and town of residence on cards which will then be drawn at random by an independent moderator. Out of respect for all in attendance and to give many people and perspectives a chance to be heard, we will ask each person who speaks to respect a three minute time limit, which will also apply to my responses. People will be welcome to speak or ask about whatever topic they choose. Our normal town hall length is usually an hour and a half, but we will hold each of the five town halls for two and a half hours.

I am looking forward to a constructive discussion of health care and other issues.